



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

May 5, 2006

Dear Planning Grant Administrator and County Government Partners:

Most of the managed long-term care planning consortia are well underway with their planning efforts. Congratulations, and thank you for your involvement in this worthy and challenging work.

As you know, Governor Doyle's goals are to implement Family Care statewide, offer expanded options for integrated health and long-term care such as Partnership, and eliminate long-term care waiting lists in five years. This is an extraordinary opportunity for us to work together to serve older people and people with disabilities. I appreciate your commitment to plan how to achieve these goals in your area.

As consortia have begun planning, county elected officials, human services managers, and representatives of county employees often ask the Department about the role of county governments and private partner organizations in the reformed system. Since I have heard this question repeatedly, it seemed useful to address it generally in this letter. We will also discuss this at the May 18th Wisconsin County Human Services Association meeting.

Here are the basic assumptions we have made about county roles in a reformed system:

1. Wisconsin counties have been the bedrock of the home and community-based long-term care system in our State – including in the Family Care pilots as well as the COP, CIP and related programs in other counties. Elected officials and county staff have vital knowledge and interest in the well-being of older people and people with disabilities in their counties. We appreciate this knowledge and interest. Throughout our long-term care reform efforts, we have sought to encourage county involvement in planning long-term reform at all levels.
2. The State has not defined a “one size fits all” model of governance and other related roles and responsibilities in the reformed system. We are funding the planning consortia specifically so the planning partners can assess the options and make decisions that fit local conditions, including the strengths of both county and private organizations, and the needs that must be addressed to develop a system that will meet the needs of consumers in an excellent way. All planning consortia include counties.
3. The State is inviting and encouraging counties, but not mandating counties, to participate in managed long-term care expansion.
 - a) Under current federal law, financial eligibility determinations for Medicaid must be made by public workers and, under State law, the function is assigned to public workers in county government. This is not changed by our Family Care expansion planning.

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- b) The “front door” to Family Care, and a broader role in serving citizens with information and referral and prevention services, is provided by Aging and Disability Resource Centers (ADRCs). The State has encouraged counties and multi-county regions to develop ADRCs.
 - c) Care Management Organizations (CMOs) manage and deliver the Family Care benefit, with a flexible funding allocation that is then used to tailor services to meet the needs, circumstances and preferences of individual consumers. Counties or multi-county groups may choose to apply for certification as a CMO for Family Care – as they have in the five existing Family Care pilots. Private organizations that meet the criteria of Family Care can also compete to become CMOs. CMOs, whether public or private, can employ care management staff or subcontract for it. Subcontracted staff may also be either public or private staff.
 - d) Service delivery networks must be diverse so that they are able to meet a variety of consumer needs and choices. In the current environment, counties have sometimes chosen to be direct service providers, and sometimes to contract with private organizations. We respect these choices.
4. The planning consortia are to address how these various long-term care functions are implemented in your area, and how they link with related roles and resources of both county government and private organizations. The State recognizes that a variety of public models, or public-private partnership models, may be developed which offer the access, quality, cost-effectiveness and consumer choices that are envisioned by Family Care.
 5. The State is neither mandating county involvement nor discouraging it in any way. The State is not guiding the privatization of Family Care, but rather encouraging the planning consortia to collaborate to implement Family Care or other managed long-term care programs in the best way in your area.
 6. We will work with counties to address questions about how related functions and costs are addressed as the system moves toward Family Care or other managed long-term care programs statewide. We are collaborating with WCHSA and the planning consortia in a systematic approach to researching and addressing questions about roles such as Adult Protective Services, how to make sure that future Family Care expansion is county levy neutral, links to mental health services, and the like. We will address these in the May 18th WCHSA discussions and over the summer as we plan together for expanding Family Care.

Clearly the planning process in which you are engaged is very important in deciding how to configure the Family Care program to work well in your area of the State. As indicated in the Long-Term Care RFI/RFP, the Department wants to ensure active participation of consumers and other stakeholders in this planning. We know that you share our interest in hearing and addressing stakeholder interests in your planning. Stakeholder include groups such as consumers, groups

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representing the interests of consumers and their families, represented and non-represented county human services employees and others – all of whom should be equally heard at the planning table.

As you develop your planning process and work plan, we ask that you identify the mechanisms that will be made available to assure that these groups participate in a meaningful way. Please share those plans with us by May 31. If you have questions about this expectation, please contact Kathleen Luedtke at luedtka@dhfs.state.wi.us or your planning consortium liaison.

Sincerely,

A handwritten signature in black ink, appearing to read "Helene Nelson". The signature is fluid and cursive, with the first name "Helene" and last name "Nelson" clearly distinguishable.

Helene Nelson
Secretary